


INSTRUCTIONS FOR COMPLETING THIS ORDER are in Section 1 of the Material Services Supply Catalog. **PRINT or TYPE** the Order and **MAIL THE SIGNED ORIGINAL ONLY TO:**

Material Services
P. O. Box 1015
North Highlands, CA 95660-1015

ORDER/REFERENCE NUMBER <i>(This number will appear on the invoice)</i>

SHIP TO	OFFICER AUTHORIZING EXPENDITURE <i>(Signature)</i> 	ORDER DATE	DELIVERY ADDRESS CODE (If new facility or office, leave blank)
	PLEASE PRINT OR TYPE AUTHORIZING OFFICER'S NAME	AGENCY BILLING CODE	
	FOR FURTHER INFORMATION FROM AGENCY ABOUT THIS ORDER, CONTACT <i>(Name)</i>	AGENCY INTERNAL ORDER NUMBER <i>(Optional)</i>	
	CALNET NUMBER 8-	LOCAL TELEPHONE NUMBER ()	FISCAL YEAR FOR BILLING <i>(Specify)</i> <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHER

BILL TO <i>(Optional)</i>	BACKORDER OUT-OF-STOCK ITEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If this section is not completed, no backorders will be allowed.)</i>
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LINE NO.	COMMODITY/STOCK NUMBER	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	PRICE EXTENSION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

COMMENTS/OTHER INFORMATION	TOTAL	\$
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